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Peter J. Van Berg 402 West Duke of Williamsburg, VA 05/2005 MBELETE2 00000 FC:2501	2005 The same of t		Activities of mailing can only be used for domestic mailings of the see(s) Transmittal. This certificate cannot be used for any other accompanying apers. Each additional paper; such as an assignment or formal drawing, must ave its own certificate of mailing or transmission. Certificate of Mailing or Transmission Certificate of Mailing or Transmission hereby certify that this Fee(s) Transmittal is being deposited with the United states Postal Service with sufficient postage for first class mail in an envelope ddressed to the Mail Stop ISSUE FEE address above, or being facsimile ransmitted to the USPTO (703) 746-4000, on the date indicated below. (Depositor's name) (Signature)						
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.		
10/664,471	09/17/2003	Lawrence R. Shroyer					IRCYER	4341	
TITLE OF INVENTION: DAMAGING THE SIDING	SYSTEM FOR FACILITA	ATING THE TEN	MPORARY 1	HANGINO	G OF OBJECTS 1	FROM VINYI	OR ALUMI	NUM SIDING WITHOUT	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE PUBLICATION FEE		LICATION FEE	TOTAL F	EE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$700		\$0	\$	700	05/18/2005	
EXAMINER		ART UNIT		CLA	SS-SUBCLASS				
KATCHEVES, BASIL S		3635		0	52-510000			•	
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or t	ype)				
				_	_		ed below, the d	locument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) LANE, INC., GLOUCESTER, VIRGINIA									
Please check the appropriate	assignee category or categor	ries (will not be pri	inted on the p	atent):	Individual 24	Cornoration or	other private or	oun entity	
4a. The following fee(s) are			. Payment of				partie produce gro	oup charty — covernment	
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Advance Order - # of Copies				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
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a. Applicant claims SI	b. Applic	ant is no lo	onger claiming SM	ALL ENTITY S	status. See 37 C	FR 1.27(g)(2).			
The Director of the USPTO NOTE: The Issue Fee and Puinterest as shown by the reco	is requested to apply the Issu ublication Tye (if required) w	e Fee and Publicat	ion Fee (if an I from anyone	y) or to re-	apply any previou the applicant; a re	sly paid issue for gistered attorne	e to the applica y or agent; or the	ation identified above. the assignee or other party in	

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